



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-22-0943; Docket No. CDC-2022-0005]

Proposed Data Collections Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC),
Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Data Collection for the Residential Care Community and Adult Day Services Center Components of the National Post-Acute and Long-Term Care Study. The purpose is to collect data for the residential care community and adult day services center components for the 2022 wave of the National Post-Acute and Long-Term Care Study.

DATES: Written comments must be received on or before [INSERT
DATE 60 DAYS AFTER PUBLICATION DATE IN THE FEDERAL REGISTER].

ADDRESSES: You may submit comments, identified by Docket No. CDC-2022-0005 by any of the following methods:

- Federal eRulemaking Portal: Regulation.gov. Follow the instructions for submitting comments.
- Mail: Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., MS H21-8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to Regulations.gov.

Please note: Submit all public comments through the Federal eRulemaking portal (regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., MS H21-8, Atlanta, Georgia 30329; phone: 404-639-7570; E-mail: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the Federal Register concerning each proposed

collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. Minimize the burden of the collection of information on those who respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses; and
5. Assess information collection costs.

Proposed Project

Data collection for the residential care community and adult day service center components of the National Post-Acute and Long-Term Care Study (OMB Control No. 0920-0943, Exp. 09/30/2023) - Revision - National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, "shall collect statistics on health resources... [and] utilization of health care, including extended care facilities, and other institutions."

NCHS seeks approval to collect data for the residential care community (RCC) and adult day services center (ADSC) survey components of the 6th National Post-Acute and Long-Term Care Study or NPALS (formerly known as the National Study of Long-Term Care Providers or NSLTCP). A two-year clearance is requested.

The NPALS is designed to; (1) broaden NCHS' ongoing coverage of paid, regulated long-term care (LTC) providers; (2) merge with existing administrative data on LTC providers and service users (i.e. Centers for Medicare and Medicaid Services (CMS) data on inpatient rehabilitation facilities and patients,

long-term care hospitals and patients, nursing homes and residents, home health agencies and patients, and hospices and patients); (3) update data more frequently on LTC providers and service users for which nationally representative administrative data do not exist; and (4) enable comparisons across LTC sectors and monitor supply and use of these sectors over time.

Data will be collected from two types of LTC providers in the 50 states and the District of Columbia: 2,090 RCCs and 1,650 ADSCs. Data were collected in 2012, 2014, 2016, 2018, and 2020. The data to be collected in 2022 include the basic characteristics, services, staffing, and practices of RCCs and ADSCs, and demographics, selected health conditions and health care utilization, physical functioning, and cognitive functioning of RCC residents and ADSC participants. The 2022 NPALS will include provider and services user questionnaires. Directors of 25 RCCs and 25 ADSCs that have adopted an EHR platform will complete an additional questionnaire to identify and confirm the data elements, any local customization, and export and transmission capabilities.

Expected users of data from this collection effort include, but are not limited to; CDC, other Department of Health and Human Services (DHHS) agencies, such as the Office of the Assistant Secretary for Planning and Evaluation, the Administration for Community Living, and the Agency for Healthcare Research and Quality; associations, such as LeadingAge, National Center for Assisted Living, American

Seniors Housing Association, Argentum, and National Adult Day Services Association; universities; foundations; and other private sector organizations such as the Alzheimer's Association, the AARP Public Policy Institute, and the National Academies of Sciences, Engineering, and Medicine.

Expected burden from data collection for eligible cases is 60 minutes per respondent; 30 minutes for a provider questionnaire and 30 minutes for a services user questionnaire. Fifty respondents will have an additional 30 minutes of expected burden for data collection about EHR data elements. We calculated the burden based on a 100% response rate. Two-year clearance is requested to cover the collection of data. The burden for the collection is shown in the Table below. There is no cost to respondents other than their time to participate.

Estimated Annualized Burden Hours

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hours)	Total Burden (in hours)
RCC Director/ Designated Staff Member	RCC Provider Questionnaire	1,045	1	30/60	523
ADSC Director/ Designated Staff Member	ADSC Provider Questionnaire	825	1	30/60	413
RCC Director/ Designated Staff Member	RCC Services User Questionnaire	1,045	1	30/60	523
ADSC Director/ Designated Staff Member	ADSC Services User Questionnaire	825	1	30/60	413
RCC/ADSC Director/ Designated Staff Member	EHRs Data Element Questionnaire	25	1	30/60	13
Total					1,885

Jeffrey M. Zirger,

Lead,

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Office of Scientific Integrity,

Office of Science,

Centers for Disease Control and Prevention.

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